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MINNESOTA.

Milk—Standard For When Sold as “Inspected Milk” (Regulations State Board of Health Adopted Since June 30, 1911).

103a. All milk sold in Minnesota as inspected milk must not contain more than 100,000 bacteria per cubic centimeter at the time of delivery to consumers, and in all other respects shall conform to the requirements of certified milk as laid down in regulations 101, 102, and 103 of the Minnesota State Board of Health.

101. All milk sold in Minnesota as certified milk must be free from pus and injurious bacteria and must not contain more than 10,000 bacteria of any kind to the cubic centimeter at the time of delivery to consumers. Such milk must have a specific gravity ranging from 1.029 to 1.034 and must be neutral or at most but faintly acid in reaction; must contain not less than 3.5 to 4.5 per cent proteids, from 3.5 to 4.5 per cent butter fat, and from 4 to 5 per cent sugar. It must be free from all contaminating foreign matter or chemical substances added for preservative or coloring purposes. Immediately after milking, the milk must be cooled and thereafter kept at a temperature below 50° F. until delivered to consumers.

102. The dairy herds supplying certified milk must be under rigid veterinary supervision approved by the Minnesota State Board of Health. Such milk must be taken only from cows that have been shown by clinical examinations and the tuberculin test to be free from tuberculosis. The cows must also be free from all other diseases.

103. All employees in and about the dairy producing certified milk must be free from any communicable disease, such as smallpox, scarlet fever, diphtheria, typhoid fever, tuberculosis, syphilis, etc.

WASHINGTON.

Communicable Diseases—Notification of Cases (Regulation State Board of Health Adopted July 15, 1912).

SECTION 1. In accordance with the provision of an act approved March 12, 1903, Session Laws 1903, viz, “The board may have special or standing orders or regulations for the prevention of the spread of contagious or infectious diseases * * *” the State board of health hereby declares the following diseases to be contagious or infectious and dangerous to the public health:

Actinomycosis, amoebic dysentery, anterior poliomyelitis (infantile paralysis), anthrax, Asiatic cholera, chickenpox, diphtheria and membranous croup, echinococcus disease, epidemic cerebrospinal meningitis, favus, German measles, glanders, Japanese lung fluke disease, leprosy, malaria, measles, ophthalmia neonatorum, pellagra, plague, pulmonary and laryngeal tuberculosis, rabies, relapsing fever, Rocky Mountain tick or spotted fever, scarlet fever, scarlatina or scarlet rash, smallpox, trachoma, trichinosis, typhoid fever and para typhoid fever, typhus fever, uncinariasis or hook-worm disease, whooping cough, yellow fever, and all cases of so-called cedar, Cuban, Dobe, Egyptian, Japanese, kangaroo, Manila, or Philippine itch.

2. The above-mentioned diseases must be reported in writing within 24 hours by the physician to the health officer within whose jurisdiction they occur. The report filled out by the doctor shall specify the following particulars: Name of patient, age, sex, residence, occupation, diagnosis of the disease, place where probably contracted, date of exposure, and date of onset.

3. Every physician shall report immediately within 24 hours to the health officer every case suspicious of being a contagious or infectious disease and every case of an obscure eruptive disease of the nature of which he is in doubt.

NOTE.—The requirement that all diseases must be reported to the local health office within 24 hours from date of attendance is fixed by statute. See section 4, chapter 85, Laws 1907. This provision was evidently made with special reference to the acute eruptive diseases which can either be diagnosed or will present suspicious symptoms sufficient to indicate the need of report to the health officials within 24 hours from the time of medical attendance being summoned. In the case of the chronic or noneruptive diseases requiring to be reported, it is not reasonable to expect a diagnosis to be made in most cases on the first day of attendance, but the provisions of this rule shall be interpreted to be fulfilled by physicians reporting such cases as soon as they have had reasonable time in which to establish diagnosis.

4. Every teacher or principal of school shall report immediately to the health officer the occurrence of any rash in any school child under his or her charge, and shall